

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>06/10/05</u>		2 Serial/Patent # <u>10 517,639</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/>	Filing									
<input type="checkbox"/>	Amendment									
<input type="checkbox"/>	Extension of Time									
<input type="checkbox"/>	Notice of Appeal/Appeal									
<input type="checkbox"/>	Petition									
<input type="checkbox"/>	Issue									
<input type="checkbox"/>	Cert of Correction/Terminal Disc.									
<input type="checkbox"/>	Maintenance									
<input type="checkbox"/>	Assignment									
<input type="checkbox"/>	Other									
		7 TOTAL AMOUNT OF REFUND	\$ 200.00							
		8 TO BE REFUNDED BY:								
10 REASON:		Treasury Check								
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:							
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>3</td><td>--</td><td>2</td><td>0</td><td>9</td><td>5</td> </tr> </table>		0	3	--	2	0	9	5
0	3	--	2	0	9	5				
<input type="checkbox"/>	No Fee Due (Explanation):									
<u>Fee Code Correction</u> <u>2632 \$ 250 to</u> <u>2641 \$ 50</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>B. Campbell</u>		TITLE: _____								
SIGNATURE: <u>BK</u>		PHONE: _____								
OFFICE: <u>ACT/DO/EO</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*